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VERY LATE STENT THROMBOSIS WITH BARE METAL STENTS COMPARED TO DRUG ELUTING STENTS AFTER PRIMARY PERCUTANEOUS CORONARY INTERVENTION FOR ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION: A META ANALYSIS OF PROSPECTIVE CLINICAL TRIALS

i2 Poster Contributions
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Background: Controversy persists regarding the incidence of very late stent thrombosis (VLST) with bare metal stents (BMS) compared to drug eluting stents (DES) after primary percutaneous coronary intervention (PCI) for ST-segment elevation myocardial infarction (STEMI). We performed a meta-analysis of prospective clinical trials comparing this outcome between BMS and DES.

Methods: We performed a systematic literature search for prospective clinical trials comparing this outcome between BMS and DES. All prospective clinical trials with a minimum follow up of 2 years were included. Stent thrombosis was defined as per classification set by academic research consortium. A two-sided alpha error of less than 0.05 was considered to be statistically significant ($p < 0.05$).

Results: We found 9 prospective clinical trials with a follow up of 2-15 years comparing the effects of DES and BMS in STEMI, enrolling a total of 6854 patients. Median duration of follow up was 3 years. The studies were homogeneous; therefore the Mantel-Haenszel fixed-effect model was used to calculate relative risk (RR). Incidence of very late stent thrombosis was 1.35% in patients treated with BMS and 2.0% in patients treated with DES with a RR of 0.50 with 95% CI 0.33-0.76 ($P = 0.001$).

Conclusion: Although the incidence of very late stent thrombosis after coronary revascularization is low, drug-eluting stents appear to increase the risk for very late thrombosis.

